									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003											a	419	
CLAIMS AS EILED - PART I													
(Column 1) (Column 2)								TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			75			R/		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OA	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			75 minus 20=		.55			X\$ 9=	:	OR	X\$18=	999	
INDEPENDENT CLAIMS					- 4			X43=		OR	X86=	<u> </u> ઉષ્	
ML	JLTIPLE DEPE	NDENT CLAIM P	PRESENT					+145=		OR	+290=		
• 11	the difference	in column 1 is	less than z	ess than zero, enter "0" in colu			•	TOTAL		OR	TOTAL	2104	
4	-2104c		AMENDE	MENDED - PART II				SMALL	LENTITY	OR	OTHER SMALL		
		(Column 1)	T	(Colun		(Column 3)	1 6	SMAL		1	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	Sport	Minus	***		=		X\$ 9=		OR	X\$18=	-	
ME	Independent	•	Minus			=		X43=	1	OR	X86=		
ব	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		H			OH			
\	161,66,67,68,69,79,1						L	+145=		OR	+290=		
•	/ " '/		<i>V</i> - /	797			A	TOTA DDIT. FEI	- 2	OR	TOTAL ADDIT FEE		
(Column 1) (Column 2) (Column 3)													
ENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMEN	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus			=		X43=	·	OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							L	TOTAL		OB E	TOTAL		
ADDII, FEE ADDIII FEE											VODIT. FEEL	-	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									ADD:	F	r	400.	
S INDING		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$18=		
. T	Independent	•	Minus			*	T	X43=		ا م	X86=		
1	FIRȘT PRESEI	NTATION OF MU	LTIPLE DEF	ENDENT (LAIM		\vdash			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
~ If	the "Highest Nurr	ber Previously Pai	id For IN THIS	S SPACE IS I	ess than	20, enter "20."	. AD	TOTAL DIT. FEE		OR A	DDIT. FEEL		
		per Previously Paid					lound	in the ap	propriate box	in colu	mn 1.	- 1	